

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7946

State File No. _____

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>52</u> | | PRIMARY REG. DIST. NO. <u>4077</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whitewater Mo</u> c. LENGTH OF STAY (In this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whitewater Mo.</u> d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Nance</u> | | 4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>14</u> (Year) <u>1950</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Dec 25 1874</u> | | 9. AGE (In years last birthday) <u>75</u> | | 10. IF UNDER 1 YEAR <u>2</u> Months <u>9</u> Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Burfordville Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Nance</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Hilderman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Effie Nance Whitewater Mo.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Nance Whitewater Mo.</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured hip (no x-ray pictures)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>high arterial tension, 220.</u> DUE TO (c) <u>Endarteritis in feet.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>89030</u> <u>920</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Whitewater mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 27 30 m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>a fall</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 27, 1950</u> to <u>Mar 14, 1950</u> , that I last saw the deceased alive on <u>Mar 14, 1950</u> and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. D. Darnall M.D.</u> (Degree or title) | | 23b. ADDRESS <u>St. Louis Mo.</u> | | 23c. DATE SIGNED <u>March 23 1950</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 16 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stroderville</u> | | 24d. LOCATION (City, town, or county) <u>Whitewater Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar 26 1950</u> | | REGISTRAR'S SIGNATURE <u>D. S. Lumber</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe H. Howell Pop Gin mo</u> ADDRESS _____ | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0160

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-423

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

W. N. Estes

Licensed Embalmer No.

3568

P. O. Address

Quincy Hill, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.